

cially above the pubis as a tumor of the skin about the size of an English walnut, with an indurated area surrounding its base about two inches in diameter. The cystoscope revealed a tumor projecting into the bladder on its postero-superior wall. Enlarged superficial inguinal glands existed on both sides. The external growth was circumscribed by incision, and separated from the surrounding soft tissues down to its attachment to the bladder. The peritoneum was then peeled off by a blunt dissector from the posterior wall of the bladder down to the prostate, and on each side as far as to the seminal vesicles. This whole exposed portion of the bladder was then excised, including a papillomatous growth in its centre, as well as the growth rising out from the summit of the bladder, the section through the bladder walls passing at least from one-half to three-quarters of an inch beyond the growth in all directions. The bladder was sewn up without difficulty from the bottom with interrupted catgut sutures, passed through all its coats; in one or two places on its summit these were reinforced by silkworm-gut sutures, only through the muscular coat. A small opening was left towards the pubis, through which a double rubber drain-tube was inserted. The wound in the abdominal wall was packed with iodoform gauze. The patient did well after the operation, leaving the hospital eight weeks later, all healed, holding his water from three to four hours. The capacity of the bladder was from four to five ounces. Two weeks after the operation on the bladder, the glands in each groin were also extirpated.—*Medical Record*, August 11, 1894.

BONES—JOINTS.

Reduction of Dislocation of Humerus complicated by Fracture of the Surgical Neck. By C. B. PORTER (Boston).

At the meeting of the Massachusetts Medical Society, held June 12, 1894, Dr. Porter exhibited a patient who had sustained a subcoracoid dislocation of the humerus, together with a fracture of the surgical neck. Fifteen days after the accident the case was submitted to the following operation:

The shoulder-joint was approached through a U-shaped incision through the deltoid muscle. The head of the bone was found out of the glenoid cavity. A drill-hole in the anterior surface of the head of the humerus was made allowing a blunt steel hook to be inserted into the bone. Traction was made by the hook outward, aided by pressure of the thumb, this reduced the head of the humerus into the glenoid cavity. The wound was closed in the soft parts, a sterile dressing applied, and the arm held fixed by a plaster-of-Paris dressing around the chest and shoulder. In five weeks the apparatus was removed in the daytime, and worn a short time longer at night only. Union was firm in five weeks.

Eight months after the operation: The motion in the dislocated shoulder is about perfect; the arm, the patient reports, is as useful as it was before the operation.—*Boston Medical and Surgical Journal*, June 28, 1894.

II. The Histological Consideration of Osteoplasty.
By Dr. BARTH (Marburg). These present considerations are a continuation of the author's observations published last year, and are based upon sixty-five experiments in osteoplastic operations performed upon animals. These experiments have confirmed the former opinion that detached fragments of bone never retain their vitality when transplanted, but perish, and are substituted by new bone formation. It is therefore of no consequence whether the transplanted bone is from another species of animal or not. It becomes devitalized, and then the new bone forms in its place. Ollier's differentiation between autoplasty, homoplasty, and heteroplasty is therefore without significance, for the method of healing is really the same in all cases. The dead fragment of bone is nothing more than an aseptic porous foreign body, and in the healing it conforms precisely to the laws which govern such. It becomes enveloped and penetrated by young, vascular connective tissue springing from the periosteum and marrow of the surrounding bone, and is thus completely infiltrated with the new tissue-cells. On account of the origin of this tissue from periosteum